)EST AVAILABLE C

**Patents** 

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

Serial No.: 09/888,280

Filed: June 21, 2001

Peter Warren

Art Unit:

2642

Examiner: Bing Q. Bui

RECEIVED CENTRAL FAX CENTER

FEB 0 3 2005

**Eyeglasses With Wireless** 

For: **Communication Feature** 

## **RESPONSE TO FIRST OFFICE ACTION**

Commissioner for Patents Mail Stop Non-Fee Amendment P.O. Box 1450 Alexandria, VA 22313-1450

February 3, 2005

Sir.

## **AMENDMENT**

In response to the First Official Action mailed October 22, 2004, please enter the claim amendment shown in the attached Amendment Dated February 3, 2005. credit card authorization for Petition for Extension of Time is enclosed. Please charge any additional fees, and credit any refunds, to Deposit Account 50-2591.

## PETITION FOR EXTENSION OF TIME

Applicant hereby petitions for a one-month extension of time to reply to the pending Officer Action. A credit card authorization for Petition for Extension of Time is enclosed. Please charge any additional fees, and credit any refunds, to Deposit 92/84/2005 BBONNER 90888088 99888280 Account 50-2591.

> I hereby certify that this correspondence is being filed with the United States Patent and Trademark Office, Patents by facsimile directed to Examiner Bing D. But in Art Unit 2542231 (703) 872-9306 on February

Michael J. Menrman - Reg. No. 40,086

MEHRMAN LAW OFFICE

3. 2005 5:18PM

**68.69** 

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| PATENT APPLICATION FEE DET | <b>TERMINATION RECORD</b> |
|----------------------------|---------------------------|
|----------------------------|---------------------------|

Effective October 1, 2000

| Application of 1988 | 8 | cket Numbe $280$ | r |
|---------------------|---|------------------|---|
| 11-011              |   | ,                |   |

| CLAIMS AS FILED - PART I (Column 1) (Column 2)   |  |  |                                   |                      |                               |                                      | SMALL ENTITY TYPE |                     |                        | OTHER THAN OR SMALL ENTITY |                            |          |                     |
|--|--|--|-----------------------------------|----------------------|-------------------------------|--------------------------------------|-------------------|---------------------|------------------------|----------------------------|----------------------------|----------|---------------------|
| TOTAL CLAIMS   |  |  | ~ 7                               |                      | (00,0,111,2)                  |                                      | ſ                 | RATE                | FEE                    |                            | RATE                       |          | EE                  |
| FO   | R  |  | NUMBER F                          | ILEO                 | NUMB                          | ER EXTRA                             |                   | BASIC FEE           | 355.00                 | OR                         | BASIC FEE                  |          | 0.00                |
| то   | TAL CHARGEA  | ARGEABLE CLAIMS 27 minus 20=             |                                   |                      | . 7                           |                                      |                   | X\$ 9=              | 63                     | OR                         | X\$18=                     | 3=       |                     |
| IND  | EPENDENT CL  | AIMS                                     | Y mir                             | nus 3 =              |                               |                                      |                   |                     |                        |                            |                            |          |                     |
| MU   | MULTIPLE DEPENDENT CLAIM P                                   |  | RESENT                            |                      |                               |                                      |                   | +135= OR +270=      |                        |                            |                            |          |                     |
| * If   | the difference   | in column 1 is                           | less than ze                      | ro, ente             | r "0" in c                    | olumn 2                              |                   | TOTAL               | 455                    | OR                         | TOTAL                      |          | $\neg$              |
| 2  | CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) |  |                                   |                      |                               |                                      |                   | SMALL ENTITY        |                        |                            | OTHER THAN<br>SMALL ENTITY |          |                     |
| ENTA   |  | CLAIMS REMAINING AFTER AMENDMENT         | 4                                 | HIGH<br>NUM<br>PREVI | IEST<br>IBER<br>OUSLY<br>FOR  | PRESENT<br>EXTRA                     |                   | RATE                | ADDI-<br>TIONAL<br>FEE |                            | RATE                       | TIC      | DDI-<br>NAL<br>EE   |
| AMENDMENT  | Total  | . 26                                     | Minus                             | # ô                  | 27                            | =                                    |                   | X\$ 9=              |                        | OR                         | X\$18=                     |          |                     |
| AME  | Independent  | . 4                                      | Minus                             | ***                  | 4                             | = -                                  | 1 1               | X40=                |                        | OR                         | X80=                       |          | f                   |
| Ľ  | FIRST PRESE  | PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                   |                      |                               |                                      |                   | +135=               | 1/0                    | OR                         | +270=                      | 1        |                     |
|  |  |  |                                   |                      |                               |                                      |                   | TOTAL               | W                      | OR                         | TOTAL<br>ADDIT, FEE        | W        |                     |
| ADDIT. FEEOF ADDIT. (Column 1) (Column 2) (Column 3)   |  |  |                                   |                      |                               |                                      |                   |                     |                        |                            |                            |          |                     |
| ENT B  | *** 1°   | CLAIMS REMAINING AFTER AMENDMENT         |                                   | NUA<br>PREVI         | HEST<br>MBER<br>IOUSLY<br>FOR | PRESENT<br>EXTRA                     |                   | RATE                | ADDI-<br>TIONAL<br>FEE |                            | RATE                       | TIC      | ODI-<br>ONAL<br>EE  |
| AMENDMENT  | Total  | •  | Minus                             | **                   |                               | =                                    |                   | X\$ 9=              |                        | OR                         | X\$18=                     |          | *                   |
| ME   | Independent  | •  | Minus                             | ***                  |                               | =                                    |                   | X40=                |                        | OR                         | X80=                       |          |                     |
| L  | FIRST PRESE  | NTATION OF MULTIPLE DEPENDENT CLAIM      |                                   |                      |                               |                                      | J                 | +135=               |                        |                            | +270=                      |          |                     |
|  |  |  |                                   |                      |                               | •                                    | ı                 | TOTAL               |                        | OR                         | TOTAL                      | $\vdash$ |                     |
|  |  |  |                                   |                      |                               |                                      |                   | ADDIT, FEE          |                        | OR                         | ADDIT. FEE                 |          |                     |
|  |  | (Column 1)                               | , ,                               |                      | ımn 2)<br>HEST                | (Column 3                            | <b>,</b>          |                     | 4551                   | 1                          |                            |          | <del></del>         |
| ENT C  |  | REMAINING<br>AFTER<br>AMENDMENT          |                                   | PREV                 | MBER<br>IOUSLY<br>DFOR        | PRESENT<br>EXTRA                     |                   | RATE                | ADDI-<br>TIONAL<br>FEE |                            | RATE                       | TIC      | DDI-<br>DNAL<br>EEE |
| AMENDMENT  | Total  | *  | Minus                             | **                   |                               | =                                    |                   | X\$ 9=              |                        | OR                         | X\$18=                     |          |                     |
| NE SE  | Independent  | •  | Minus                             | •••                  |                               | =                                    |                   | X40=                |                        | OR                         | X80=                       |          |                     |
| ľ  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM               |  |                                   |                      |                               | ال                                   |                   |                     |                        | +270=                      | 1                          |          |                     |
| * If the entry in column 1 is less than the entry in column 2 write "0" in column 3  |  |  |                                   |                      |                               |                                      |                   |                     |                        |                            |                            |          |                     |
|  | If the "Highest Nu   | umber Previously F                       | Paid For IN THI<br>Paid For IN TH | IS SPACE             | is less the                   | an 20, enter "20<br>an 3, enter "3." | •                 | TOTAL<br>ADDIT. FEE |                        | OR                         | ADDIT. FEE                 |          |                     |
| ""If the "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1, |  |  |                                   |                      |                               |                                      |                   |                     |                        |                            |                            |          |                     |